

VOLUNTEER APPLICATION FORM

SURNAME: (Prof / Dr / Mr / Mrs / Miss)

FIRST NAME:

ID NO:

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS:

TEL NO:(home).....(work).....(cell)

NEXT OF KIN: NAME.....TEL No:.....

EDUCATIONAL BACKGROUND:

.....

.....

PRESENT OCCUPATION:

EMPLOYMENT HISTORY:

.....

REFERENCE: 1. NAME..... TEL No.....

2. NAME TEL No.....

LANGUAGES SPOKEN: Afr. English Other

DO YOU HAVE A VALID DRIVER'S LICENCE? Yes No

ARE YOU WILLING TO PROVIDE TRANSPORTATION? Yes No

(If you should transport patients or drive the Hospice vehicle, we please need you to sign a document and provide a copy of your driver's licence.)

WHAT PARTICULAR HOBBIES or SKILLS DO YOU HAVE? E.g. Arts, crafts, music, etc.....

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WHAT DO YOU DO FOR RELAXATION?

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WHAT PREVIOUS VOLUNTEER WORK HAVE YOU DONE?

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WHY DO YOU WANT TO BE A HOSPICE VOLUNTEER?

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WHAT CATEGORIES OF VOLUNTEER SERVICE / WORK WOULD YOU LIKE TO BE INVOLVED IN?

- Patient and family care Shop

- Office and staff related Other

WHAT TIME WOULD YOU BE ABLE TO GIVE TO TYGERBERG HOSPICE?

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DO YOU HAVE ANY HEALTH RELATED PROBLEMS OR PHYSICAL LIMITATIONS THAT WOULD IMPAIR YOUR WORK?

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HAVE YOU RECENTLY EXPERIENCED LOSS AND / OR BEREAVEMENT?

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ARE YOU PREPARED TO BE INVOLVED IN ONGOING TRAINING PROGRAMMES AND SUPERVISION?

Yes No

ARE YOU WILLING TO MAKE A ONE YEAR COMMITMENT TO TYGERBERG HOSPICE AS A VOLUNTEER FOLLOWING THE TRAINING COURSE / EVALUATION PROCESS?

Yes No

SIGNATURE.....**DATE**.....